

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/520234

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3	2						
4	2						
5	3						
6							
7	3						
8	1						
9	Y						
10	1						
11							
12	3						
13	3						
14							
15							
16	3						
17	2						
18							
19	1						
20	2		2				
21	3						
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50							
TOTAL IND.			2				
TOTAL DEP.			29				
TOTAL CLAIMS			31				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							